

Page 1

State: NEW MEXICO

**AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

PACE SERVICES

X The State of NEW MEXICO has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services.

_____ The State of _____ has entered into a valid program agreement(s) with a PACE provider(s) and the Secretary, as follows:

Name of PACE provider: _____

Service area: _____

Maximum number of individuals to be enrolled: _____

(This information should be provided for all PACE providers with which the State Administering Agency for PACE and the Secretary have entered into valid program agreements.)

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>12-31-98</i>	
DATE APD	<i>2-26-99</i>	
DATE	<i>10-1-98</i>	
SPR	<i>98-12</i>	

()
 PAGE

SUPERSEDES: NONE